PUBLIC INFORMATION & COMMUNICATION SERVICES
NIH TASK ORDER (For Use By Other Federal Agencies)

RFTOP# 245
TITLE: Evaluating HIV Prevention Social Marketing Campaigns
PART I – REQUEST FOR TASK ORDER (TO) PROPOSALS

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B. PROPOSED PERIOD OF PERFORMANCE: within 15 days of award date to 9/30/06

C. PRICING METHOD: Cost Plus Fixed Fee

D. PROPOSAL INSTRUCTIONS: The technical proposal is to be sent electronically to Ms. Helen Mitchell via email in Microsoft Word. The price proposal is to be sent electronically to Ms. Helen Mitchell as well in an Excel format. Additionally, four hard copies are to be sent and are to be double sided to the address listed above. Each hard copy is to have the Contractor's name, Proposal Name, and the date the proposal was prepared. Both the electronic version and hard copy version of the technical and price proposals are due by June 8, 2005 to Ms. Helen Mitchell by 4PM EST. Questions are to submitted electronically to Ms. Helen Mitchell (hjm3@cdc.gov) by May 24, 2005.

F. TASK DESCRIPTION:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
OFFICE OF COMMUNICATION
ATLANTA, GEORGIA 30333

REQUEST FOR TASK PROPOSAL

Date Issued: 5/16/05 **Date Response Due:** 6/8/05

Request for Task Order Proposal (RFTOP) NO.: 245

Title: Evaluating HIV Prevention Social Marketing Campaigns

CONTRACT REFERENCE: This request for Task Order Proposal is consistent with the purposes for which the multiple award competitive contracts for evaluation services were awarded.

PAGE SUGGESTION:
CDC suggests that contractor limit the proposal for this task order to no more than 20 single-sided pages of text for the technical proposal, including appendices and staff background information (with staff bios no more than a page each). The narrative plan should include a staffing plan, key deadline dates, and general approach.

Budget Format Suggestion: The Contractor should provide one summary budget page and an itemized budget by task within Excel spreadsheets. Please break out tasks with a staffing plan and list hours by staff person, hourly rate, and function. (Note: when budgeting for communication and project management, include those costs, as related to each task, in the task and subtask budgets and not as a separate task). Budgets for any additional or alternative proposals by the Contractor should be presented as optional spreadsheets. Please sum all totals for hours and costs per task and for the total contract budget.

FUNDING RANGE: ____Less than $100,000.00
____More then $100,000.00 but less than $300,000.00

____More than $300,000.00 but less than $500,000.00
____More than $500,000.00 but less than $700,000.00
____More than $700,000.00 but less than $1,000,000.00
_X_ More than $1,000,000.00

OVERALL BACKGROUND:

This RFP includes an overall background of the CDC initiative, "Advancing HIV Prevention," that supports the social marketing campaigns requiring work specified in this document. Next, campaign-specific information is provided in order of tasks. A description of work, by task, then outlines the work required by the Contractor. Lastly, a list of deliverables, by task, with due dates is provided.

The purpose of this Request for Task Proposal is to solicit bids from experienced social marketing campaign evaluation agencies with proven expertise to effectively plan and implement formative, process, and outcome evaluation activities that are both practical and useful as well as meet CDC's needs for evaluation rigor. A proven track record of conducting formative evaluation with healthcare professional audiences in professional market formative evaluation facilities is essential. Lastly, successful experience in expeditiously preparing OMB packages, especially with the CDC's Health Message Testing System, for formative evaluation activities for similar social marketing campaigns is critical.

Current Situation — HIV Epidemic in the U.S.:
In several U.S. cities, recent outbreaks of primary and secondary syphilis among men who have sex with men (MSM) and increases in newly-diagnosed human immunodeficiency virus (HIV) infections among MSM and among heterosexuals have created concern that HIV incidence might be increasing. In addition, declines in HIV morbidity and mortality during the late 1990s attributable to combination antiretroviral therapy appear to have ended. New cases of HIV have held steady at 40,000 per year for about a decade. Until 2003, CDC had mainly targeted its prevention efforts at persons at risk for becoming infected with HIV by providing funding to state and local health departments and non-governmental community-based organizations (CBOs) for programs aimed at reducing sexual and drug-using HIV transmission/risk behavior. Some recent programs have focused on prevention efforts for persons living with HIV. Recently, due to clinical testing and improved medical management, there has been success in reducing maternal-to-infant transmission of HIV. Through universal perinatal screening, these dramatic results can continue for improved maternal health and ultimately the prevention of the majority of pediatric AIDS cases.

Early in the epidemic, HIV infection and AIDS were diagnosed for relatively few women. Today, the HIV/AIDS epidemic represents a growing and persistent health threat to women in the United States, especially young women and women of color. In 2001, HIV infection was the leading cause of death for African American women aged 25–34 years and was among the four leading causes of death for African American women aged 20-24 and 35–44 years, as well as Hispanic women aged 35–44 years. Overall, in the

same year, HIV infection was the 6th leading cause of death among all women aged 25-34 years and the 4th leading cause of death among all women aged 35–44 years.

Funding HIV-prevention programs for communities heavily affected by HIV has promoted community support for prevention activities. At the same time, these communities recognize the need for new strategies for combating the epidemic. In addition, the approval of a simple rapid HIV test in the United States creates an opportunity to overcome some of the traditional barriers to early diagnosis and treatment of infected persons. Therefore, CDC, in partnership with other U.S. Department of Health and Human Services agencies and other government agencies and non-governmental agencies launched a new initiative in 2003, Advancing HIV Prevention: New Strategies for a Changing Epidemic (AHP) (www.cdc.gov/hiv/partners/ahp.htm).

Communications Programs:
The goal of AHP is to reduce HIV transmission. AHP is aimed at reducing barriers to early diagnosis of HIV infection and increasing access to quality medical care, treatment, and ongoing prevention services for those diagnosed with HIV. The AHP website pages include descriptions of AHP and how it is to be implemented, as well as other guidance and information critical to its success. AHP will modify the balance between HIV prevention programs and HIV testing programs that motivate people to learn their HIV status, and refer newly identified HIV-infected persons to counseling and care. AHP is being undertaken by all branches of the Division of HIV and AIDS Prevention (DHAP) at CDC. However, the focus of this task order, which reflects the charge of the Technical Information and Communications Branch (TICB), will pertain to the following key programs implemented by TICB. CDC requires that the Contractor keep each task and subtask separate in narrative and budget but offer economies of scale in areas where combining certain tasks could be beneficial.

Tasks:
Formative evaluation

Task 1: Formative evaluation for a social marketing campaign to make HIV testing a routine part of care with healthcare professionals

Task 2: Formative evaluation for a social marketing campaign to make HIV testing a routine part of care targeting gynecologists

Task 3: Formative evaluation for the Prevention Is Care campaign

Task 4: Formative evaluation for the Perinatal HIV Transmission Prevention Social Marketing Campaign

Evaluation

Task 5: Evaluation of the HIV Testing Campaign

Task 6: Evaluation of the Prevention Is Care campaign

Task 7: Evaluation of the Perinatal HIV Transmission Prevention Program Social Marketing Campaign

Task 8: Evaluation of a social marketing campaign to make HIV testing a routine part of medical care by targeting healthcare professionals

Campaign-Specific Background Information

Social marketing campaign to make HIV testing a routine part of care with healthcare professionals (Tasks 1 and 8)

In 1987 the Public Health Service recommended that testing for HIV infection be conducted when requested by a patient or recommended by a health care provider on the basis of behavioral risks or clinical symptoms. Despite the number of persons tested on these grounds, many HIV-infected persons have not been diagnosed or have received a diagnosis late in the course of their disease: among persons reported with AIDS, 45% received their first positive HIV test result less than 1 year before AIDS was diagnosed. Thus, many persons, unaware of their HIV infection, are unable to benefit from prevention and care services that can reduce the morbidity and mortality from HIV disease. In addition, they may unwittingly contribute to the continued transmission of HIV infection.

Incorporating HIV screening into routine medical care services in areas with high HIV prevalence ($\geq$1%) is a promising complementary strategy for increasing the number of HIV-infected individuals who become aware of their infection. Until now, testing, performing a test because of a person's clinical symptoms or behavioral risk factors has been the predominant paradigm for diagnosing HIV. Screening, or performing a test for all persons in a defined population, is a basic, effective public health tool used to identify an unrecognized condition so that treatment can be offered before symptoms develop. HIV screening meets all of the generally accepted principles that apply to screening:

- HIV is a serious disease that can be detected before symptoms develop by using a screening test that is reliable, inexpensive, acceptable, and non-invasive.

- Treatment given before symptoms develop, rather than after symptoms develop, is more beneficial for reducing morbidity and mortality.
- Costs in relation to the anticipated benefits are reasonable.

HIV infection in clinics and facilities where the population served has a high prevalence of HIV is comparable to other infectious diseases such as syphilis, tuberculosis, and human papillomavirus, for which screening programs have substantially reduced disease burden and improved health. In low-prevalence facilities, HIV counseling, testing, and referral should continue to be offered to clients based on risk screening.

HIV screening in high prevalence settings makes sense because testing solely on the basis of risks fails to identify many HIV-infected persons. Persons with AIDS make multiple visits to hospitals, acute care clinics, and managed-care organizations before their AIDS diagnosis, but are never tested for HIV. Many providers are uncomfortable discussing risk behavior with their patients, and many persons may be unaware of, or do not disclose, their own or their partner's risk behaviors. Routine voluntary HIV screening presents an opportunity to reduce the stigma related to HIV testing. Patients are not offended when testing is presented as a policy that applies to all patients because they do not feel singled out as "at-risk." More patients accept HIV testing when it is offered routinely than when it is based upon risk assessments.

Patients' attitudes seem to support routine voluntary HIV screening. Focus groups indicate that many patients, especially those who have been tested for other sexually transmitted diseases (STDs), assume they have been tested for HIV, whether or not such testing was performed. In some communities where HIV infection is common, being screened for HIV is perceived as a part of routine care, similar to regular mammograms and blood pressure checks.

Since 1993, CDC has recommended offering HIV testing routinely to all patients in acute care settings in areas of high HIV prevalence ($\geq$1%). When HIV testing has been offered routinely in high-prevalence, high-volume health care facilities, the proportion of HIV-positive tests (2% to 7% in hospitals and emergency rooms) is similar to or exceeds that observed nationally in publicly funded HIV counseling and testing sites (2.0%) and STD clinics (1.5%).

Alternative strategies are necessary to help identify the estimated 25% of persons living with HIV who have not been diagnosed through existing efforts. Incorporating voluntary

HIV screening into routine medical care represents a logical step toward achieving this goal.

CDC will work with professional medical associations and other partners to ensure that healthcare providers include HIV testing, when indicated, as part of routine medical care on the same voluntary basis as other diagnostic and screening tests. Previously, CDC has recommended that patients be offered HIV testing in high HIV-prevalence acute care hospitals and in clinical settings serving populations at increased risk (e.g., clinics that treat persons with STDs). This initiative adds to those recommendations to include offering HIV testing to patients in all high HIV-prevalence clinical settings and to those with risks for HIV in low (≤1%) HIV-prevalence clinical settings. Because prevention counseling, although recommended for all persons at risk for HIV, should not be a barrier to testing, CDC will promote adoption of simplified HIV-testing procedures in medical settings that do not require prevention counseling before testing.

Additional resources:
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/00020631.htm
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm
http://www.cdc.gov/hiv/PUBS/mmwr/mm5324.pdf

Campaign Goal:
HIV testing becomes one of the standard tests performed during routine medical care

Campaign Objective:
To make HIV testing a routine part of medical care

Campaign Strategies:
- Create awareness of the importance of routine HIV testing in specific geographic areas:
    - Deliver messages that tap into the willingness of providers in the private sector to be more involved in HIV prevention
- Leverage peer influencers:
    - Partner with professional associations/ MCOs/ and other agencies/organizations, such as HRSA, Medicaid, NASTAD, and Community Health Centers to endorse the HIV testing as part of routine medical care in geographic areas with ≥1% incidence, maximize dissemination of materials and message, influence their membership, and to help eliminate the stigma associated with HIV testing
    - Gain endorsement of this approach from leading HIV physician experts as well as influential physician organizations
- Make it easy for providers to order HIV tests:
    - Equip providers with skill sets and tools to screen for risky behaviors
    - Normalize HIV testing
    - Educate patients on the importance of routine HIV testing

Campaign Target Audience:
Private sector providers who deliver primary care to patients in geographic areas where there is a high prevalence of HIV/AIDS, defined as ≥1% prevalence.

- General Practitioners (GPs)
- Family Practice Physicians (FPs)
- Internal Medicine Physicians (IMs)

Physicians who:

- Are in private practice at least 75% of the time and are not employed in a staff model HMO
- Provide routine care:
    - to persons at high risk for HIV or
    - practice in a high prevalence area
    - See more HIV/AIDS patients this year compared to last year

Secondary audience: Patients

Social marketing campaign to make HIV testing a routine part of care by targeting gynecologists (Task 2)

Along with the information noted above, the Centers for Disease Control and Prevention recently released an update about HIV/AIDS surveillance rates in the MMWR (December 3, 2004). http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5347a3.htm There are specific findings from this publication related to women at risk for HIV and these trends are noted as following:

- The transmission category with the largest proportion of females with HIV/AIDS was high-risk heterosexual contact (77.7%).

- Rates among non-Hispanic black females were 19 times the rate among non-Hispanic white females, five times the rate among Hispanic females, and also higher than rates among males in any racial/ethnic population other than non-Hispanic blacks.

In the editorial section of this report, specific types of programs are mentioned which support prevention of HIV with females noted as follows: CDC also funds prevention

activities for females that emphasize 1) better integration of testing, treatment, and prevention services for all females; 2) formative evaluation on effective female-controlled prevention methods for women unwilling or unable to negotiate condom use with a male partner; 3) and programs proven effective for changing risky behavior and sustaining those changes over time.

Because gynecologists frequently are the sole provider of basic primary care services for adult females in the United States, this group will be a key target to promote routine HIV screening messages as a part of standardized medical management. Refer to the November 2003 Committee Opinion published by the American College of Obstetricians and Gynecologists (ACOG) entitled: Primary and Preventive Care: Periodic Assessments which serves as guidance to the ACOG fellows (membership) providing this type of clinical management to women.

This campaign targeting gynecologists supports a major initiative of CDC as featured in the MMWR, April 2003. The initiative is entitled Advancing HIV Prevention and this initiative's first strategy is summarized below:

Make HIV testing a routine part of medical care. CDC will work with professional medical associations and other partners to ensure that all health-care providers include HIV testing, when indicated, as part of routine medical care on the same voluntary basis as other diagnostic and screening tests. Previously, CDC has recommended that patients be offered HIV testing in high HIV-prevalence acute care hospitals and in clinical settings serving populations at increased risk (e.g., clinics that treat persons with STDs). This initiative adds to those recommendations to include offering HIV testing to all patients in all high HIV-prevalence clinical settings and to those with risks for HIV in low HIV-prevalence clinical settings. Because prevention counseling, although recommended for all persons at risk for HIV, should not be a barrier to testing, CDC will promote adoption of simplified HIV-testing procedures in medical settings that do not require prevention counseling before testing.
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5215a1.htm

Additional resources:
1. Professional organization:
The American College of Obstetricians and Gynecologists www.acog.org
2. Preventive Health recommendations:
US Preventive Health Services Task Force guidelines.
http://www.ahrq.gov/clinic/uspstfix.htm

Campaign Goal:
To increase HIV testing rates among women seeking gynecological primary care services.

Campaign Objective:
To make HIV testing a routine part of primary care provided by gynecology services.

Campaign Strategies:

To incorporate HIV testing into routine gynecologic care.

Campaign Target Audience:

Board certified gynecologists who provide primary care and preventive services as a part of their medical management of women in the private sector, preferably with membership to ACOG.

Prevention is Care (PIC) Campaign (Tasks 3 and 6)

There are an estimated 850,000 to 950,000 people with HIV in the United States. Each year, an estimated 40,000 more people get HIV. Every new HIV infection comes from a person already living with HIV. Although many persons with HIV modify their behavior to reduce their risk for transmitting HIV after learning they are infected, some persons may require ongoing prevention services to change their risk behavior or to maintain the change. In July 2003, CDC, in collaboration with the Health Resources and Services Administration (HRSA), the National Institutes of Health, and the HIV Medical Association of the Infectious Diseases Society of America, published Recommendations for Incorporating HIV Prevention into the Medical Care of Persons with HIV Infection.

The Recommendations provide needed guidance for healthcare providers to deliver prevention messages to their patients living with HIV. Formative evaluation has shown that providers exert a strong influence on their patients' behavior. Formative evaluation with providers indicates that a science-based approach is an important motivator for incorporating the recommendations into routine care.

With an estimated 31% of persons living with HIV having private health insurance and many of these patients seeking routine medical care in the private sector, the private practice setting provides an opportunity to deliver prevention messages to persons living with HIV.

The purpose of this social marketing campaign is to reach private sector healthcare providers who deliver care to patients living with HIV and encourage these providers to screen their HIV patients for HIV transmission behaviors and deliver brief messages on the importance of protecting themselves and others by reducing their risky behaviors.

Formative evaluation was conducted in 2004. Three rounds of formative evaluation were conducted with 89 Primary Care Physicians, 44 Infectious Disease Specialists, 7 Allied Health Professionals, nation wide. They were in practice more than 2 years and delivered ongoing medical care to 50 or more persons living with HIV and delivered care in the private sector at least 50% of the time.

The initial round of formative evaluation, a literature search, and subject matter experts informed the selection of the behavioral theories, Diffusion of Innovation and Social Cognitive Theory. The theories then informed the later rounds of the formative evaluation processes — message development, concept, materials testing, and communication channels best suited to reach our audience.

Communication Findings That Informed Campaign Development

Reactions to CDC Sponsorship. The vast majority of PCPs and IDs in all markets expressed positive opinions of the CDC. They felt that information from CDC was credible and believable. Most said that CDC's sponsorship of communications materials made them more likely to review the information and use it in their practice. (Please refer to Appendix A for a diagram that highlights essential findings that informed the development of this campaign).

Overall Qualitative Evaluation of the final PIC campaign materials (Products)

The physicians were first provided the materials (KIT) to review independently. After they had been given adequate time to review the materials, they were asked to share their initial thoughts.

Overall: Physicians' initial reactions to the materials were very positive. They used responses like "excellent" and "great" to describe it. Several responded immediately to the inclusion of the MMWR article, suggesting that sharing the scientific base for the kit was important to physicians accepting the kit. It was suggested that talking to HIV-positive patients about transmission behavior was an area of patient care that not all physicians are doing currently or may not be doing well. In this regard, the materials were seen as a positive step for correcting this deficiency.

Summary of Key Findings

- In general, physicians responded positively to the materials, stating that they would use elements of the KIT in their practices.
- Physicians reported that including the articles (MMWR and Counseling reprint) was necessary to ensure the scientific relevance of screening and counseling to physicians.
- Although physicians were supportive of the patient education material (Viral Load and Sexual Risk Chart), some were concerned that the reading or comprehension level may be challenging for some patients.

Based on the acceptance of the materials by providers and their request for additional materials, the PIC campaign will develop intervention tools/ materials and patient education materials based on the MMWR included in the KIT.

Campaign Goal:
The goal of the PIC campaign is to reach private sector healthcare providers who deliver care to patients living with HIV and encourage these providers to screen their HIV patients for transmission behaviors and deliver brief messages on the importance of protecting themselves and others by reducing transmission (risky) behaviors.

Campaign Objectives:
Long-term (5 years)
- To establish PIC as the standard of care for persons living with HIV

Short term (12 months)
- To increase awareness of PIC by 25%
- To educate 10% of profiled PCPs on PIC
- To increase the number of professional organizations who endorse PIC by 75%
- To increase the number of providers who incorporate PIC by 50%
- To increase the number of requests made for campaign materials by 50%

Campaign Strategies:
- Elevate the importance of PIC:
    - Deliver messages that tap into the willingness of providers in the private sector to be more involved in HIV prevention in the medical setting for their patients living with HIV
- Leverage peer influencers:
    - Partner with professional associations/ MCOs/ and other agencies/organizations, such as HRSA, Medicaid, NASTAD, and Community Health Centers to continue to endorse the Recommendations, maximize dissemination, and influence their membership to incorporate the Recommendations into routine medical practice.
    - Gain endorsement of the Recommendations from leading HIV physician experts as well as influential physicians
    - Deliver messages that will influence provider attitudes about the implementation of the principles and the science-based approaches within PIC

- Make the recommendations easy to incorporate into routine care:
    - Equip physicians with skill sets and tools to incorporate behavioral screening, implement behavioral interventions, and provide partner counseling and referral services
- Educate patients on the importance of protecting themselves and others by reducing HIV transmission behaviors.

Primary Audiences include private sector healthcare professionals who deliver medical care to HIV-infected patients, specifically:

- Infectious Disease Physicians (IDs)
- Primary Care Physicians

Secondary Audiences:

- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Community Health Centers (only those treating HIV patients)
- Professional Associations/Organizations
- Managed Care Organizations (MCOs)
- Health Departments
- CBOs

Perinatal HIV Transmission Prevention Program Social Marketing Campaign
(Tasks 4 and 7)

The Perinatal HIV Prevention campaign is focused on ensuring that all pregnant women are tested for HIV early in their pregnancy. By testing early in pregnancy for HIV, healthcare providers can identify women who have the virus and begin treatment that can both improve their patients' health and dramatically reduce the chance of perinatal transmission. With early treatment, perinatal HIV transmission rates are 2% or less. In contrast, for those who receive no preventive treatment, the transmission rate is 25%.

Partnerships and Audience
CDC has created a partnership with The American College of Obstetricians and Gynecologists (ACOG) and The American College of Nurse Midwives (ACNM) for the purpose of promoting provider awareness about perinatal HIV prevention. This campaign targets obstetrical providers in all settings, including obstetricians and certified nurse-midwives. Previous information received through formative evaluation sessions showed that providers are aware that HIV is an important issue; however, in general, practices may vary regarding prenatal HIV screening and counseling.

Materials
These practitioners are interested in educational materials that will help them convince patients to accept the test. The campaign implementation will include distribution of a kit with materials for both providers and patients, as well as various forms of communication outreach aimed at elevating the importance of the issue, leveraging

peer influencers such as obstetrical service organizations, and facilitating participation in the campaign.

Theoretical Framework
Social Cognitive Theory has been selected for this campaign as the communication theoretical foundation. A logic model has been developed to display various components of the campaign. Also, an evaluation plan is currently being developed to recommend process and outcomes measurements to assess campaign effectiveness with obstetrical providers and key organizational stakeholders.

The most significant report that has been recently published from CDC, related to this campaign, is the 2004 Enhanced Perinatal Surveillance, United States 1999—2001 as noted in the special reports section of the MMWR.
http://www.cdc.gov/hiv/stats/SpeciaReport10-7.pdf

Rapid Testing at Labor and Delivery
A new opportunity for expansion of the Perinatal HIV Transmission Prevention campaign is to reach healthcare practitioners during the ante-partum period as one final opportunity to assess for maternal HIV status and provide related treatment or referral as needed should a positive HIV result be identified in the pregnant patient. Rapid testing is a new technology that most providers are not familiar with (nor do all obstetrical medical centers offer) according to campaign formative evaluation.

Rapid testing at the point of care for labor and delivery continues to be an excellent opportunity to prevent vertical transmission of HIV from a pregnant woman to her newborn. For patients who enter the medical system late during the pregnancy (if at all), this technology provides a
chance to determine the HIV result of a patient with undocumented status prior to delivery, when immediate treatment (medical and surgical) can be implemented to further prevent transmission. Currently, starting treatment during labor and delivery can prevent vertical transmission in all but 10 % of cases.

References:
Rapid HIV Antibody Testing During Labor and Delivery for Women of Unknown HIV Status
A Practical Guide and Model Protocol, Centers for Disease Control and Prevention, January 2004.

http://www.cdc.gov/hiv/rapid_testing/materials/Labor&DeliveryRapidTesting.pdf
Accessed March 16, 2005.
American College of Obstetricians and Gynecologists. Prenatal and perinatal human immunodeficiency virus testing: Expanded recommendations. ACOG Committee on Obstetric Practice. Committee Opinion No. 304. November 2004.

In addition to this social marketing campaign, the Centers for Disease Control and Prevention is also working with key national partners to assess clinical practice patterns of medical centers through the Health Formative evaluation and Educational Trust (HRET) [affiliated with the American Hospital Association] study and also train obstetrical providers with the assistance of Association Francois- Xavier Bagnoud (AFXB) and the Academy for Educational Development (AED). Results of this study are in development for publication in 2005 and the provider courses are scheduled to be continued throughout the US next year, too.

The most significant report that has been recently published from CDC, related to this campaign, is the 2004 Enhanced Perinatal Surveillance, United States 1999—2001 as noted in the special reports section of the MMWR (http://www.cdc.gov/hiv/stats/SpeciaReport10-7.pdf).

Campaign Objectives:

- Increase the number of healthcare providers in all settings who offer HIV testing as opt-out practice for their pregnant patients (ideally at the first obstetric visit and at the start of the third trimester).
- Increase the number of rapid tests performed at labor and delivery on women with unknown HIV status.
- Improve the acceptance of a HIV screening test by perinatal patients early in the pregnancy (first trimester) or at the point of initiation of obstetrical care.

Campaign Strategies:

- Educate healthcare providers on the benefits on an opt-out approach to offering HIV testing.
- Create public/private partnership groups with leading national organizations which
  Influence acceptance of practice guidelines.
- Facilitate discussion between prenatal patients and their obstetrical providers about HIV testing and related treatment.

Target Audiences:

- Healthcare professionals who provide obstetrical and gynecological services in the United States including obstetricians, gynecologists, and certified nurse midwives

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HIV Testing Social Marketing Campaign (Task 5)

To combat the increase in HIV infection rates, in 1999, KNOW NOW!, a pilot HIV testing campaign, was developed by CDC to increase HIV testing in populations with high rates of AIDS. The five consumer target audiences were selected based on data from formative evaluation, U.S. Census, geographic information systems (GIS), CDC surveillance and syndicated market formative evaluation (PRIZM) and represented 70 percent of those at highest risk for HIV/AIDS. Additional formative evaluation findings were then utilized to determine strategies, messages, concepts and communication vehicles for the campaign.

The campaign contained messages tailored to each of the five target audiences selected. These audiences were based on PRIZM "clusters." The campaign was launched in five cities, each city targeting one of the five clusters. The cities included: Houston, New Orleans, Miami, Detroit and Jackson, MS. The communication vehicles utilized for the campaign were specific to each cluster and tailored to the audience. Each campaign city had a coordinator that worked part time on the campaign. Their duties included distribution of campaign materials and coordination of local partners, events and communications. Materials included:

- Special events (e.g. "One Week" film showing, club nights, chat 'n chew)
- Radio PSAs
- Postcards
- Posters
- Point-of-Purchase (adapted from the cluster's poster)
- Print Advertisements
- Transit Advertisements
- Internet (Houston market only)
- Brochures
- Rave cards
- T-shirts & hats

Once KNOW NOW! was completed (approximately 10- to 12-months in each city), evaluation was conducted to measure the impact of the campaign. The final evaluation report was received in mid-2003. An analysis of the evaluation was conducted by the Annenberg School of Communication at the University of Pennsylvania and submitted in early 2004.

In 2004, the campaign team began planning how to utilize the lessons learned from KNOW NOW! and restructure a campaign to help make HIV testing a routine part of

medical care for those at highest risk for HIV infection. CDC examined the original KNOW NOW! PRIZM clusters, along with those populations where new HIV infections were continuing to rise.

Three populations stood out as potential audiences who could benefit most from the campaign – Caucasian and African American men who have sex with men (MSM); African American men who have sex with men and women; and heterosexual African American men and women. These audiences represented three of the original campaign's PRIZM clusters. Using PRIZM as a foundation, CDC conducted focus groups and exploratory interviews with these potential target audiences to gain insights into their knowledge about HIV/AIDS, attitudes and beliefs about HIV testing, and HIV testing behaviors, along with reviewing other formative data. As part of this formative evaluation, CDC:

- Conducted an extensive literature review on: 1) HIV testing barriers and motivators, 2) existing HIV testing campaigns and interventions, 3) mass media articles on HIV testing, 4) testing behaviors as reported in focus group and individual interviews conducted with target audiences in early 2004 by CDC and 5) CDC consultation reports
- Hired a social marketing consultant to provide insight on the campaign redevelopment
- Conducted exploratory interviews (44 focus groups and 79 in-depth interviews) with target audiences (three PRIZM clusters) in Philadelphia, Chicago, Dallas and New Orleans
- Conducted interviews with 29 key informants with knowledge in social marketing, target campaign audiences, HIV testing, HIV testing policy and evaluation
- Conducted an evaluability assessment, which included development of a logic model for the campaign and interviews with eight key stakeholders
- Hosted a consultation with target audience experts

Audience Segmentation:
Based on these formative evaluation findings and additional external data, CDC further segmented the campaign target audience. While MSM continue to represent a significant percentage of new HIV infections and despite persistent high-risk behaviors, MSM are getting tested for HIV more "regularly" than other groups. Since this campaign focuses on HIV testing, this group was excluded, leaving African American men who have sex with men and women, as well as heterosexual African American men and women as potential target audiences.

Further analysis led CDC to focus on single African American women, ages 18-34, (see specific audience description under Target Audience below) as the campaign target audience for the following reasons:

- Incidence of HIV/AIDS – significantly increasing incidence of HIV/AIDS among the target audience (by 2002, African American women represented an estimated 72 percent of all HIV/AIDS diagnoses among all women in the United States[a]).

- Number/percentage of this audience – African American women constitute a significant percentage of African Americans in the U.S., ages 18-34 (approximately 37 percent[b]).
- Ability to reach this audience – existing mechanisms and community structures, such as churches, public and private health institutions and child care institutions, create accessible networks through which to reach African American women (versus African American men).
- Ability to influence this audience – while African American men who have sex with men and women (primarily those who don't disclose bisexual behavior to partners) are an important audience group, significant barriers exist to reaching this group and behavioral formative evaluation is still very limited. For African American heterosexual men, formative evaluation showed that the topic of HIV is much more taboo, even with friends and/or partners, and they are less open to testing.
- Ability of this audience to influence others – formative evaluation supports that women are often the disseminators of health information and/or the influencer of a health behavior to others in their family and communities. African American men confirmed the importance of women as influencers during CDC formative evaluation.

CDC plans to implement the campaign in four cities (still to be determined) using PRIZM cluster and zip code data to guide where the campaign can make the most impact. Activities utilized in KNOW NOW! will also be considered along with new methods of audience reach.

Campaign Purpose & Focus:

The purpose of the CDC HIV Testing Social Marketing Campaign is to help decrease the spread of HIV/AIDS by focusing on increasing testing among African Americans who have engaged in unprotected sex.

Campaign Goal:

Increase the rate of HIV testing among the target audience.

Campaign Objectives:

- Increase perceived benefits of HIV testing
- Increase positive attitude toward HIV testing
- Decrease perceived barriers to HIV testing

Campaign Strategies:

- Position HIV test as part of complete wellness profile
- Utilize peer influencers to confront stigma and fear associated with HIV testing
- Partner with community organizations to coordinate HIV testing in convenient, relevant locations, along with traditional testing sites
- Utilize paid and earned media opportunities to disseminate HIV testing messages

Campaign Target Audience:

Primary:

- Single African American women, ages 18-34, who make less than $30,000 per year, have some college education or less, reside in the identified Inner Cities or Southside City PRIZM clusters, and are having unprotected sex with men.

NOTE: “Single” includes divorced, separated, widowed, married with spouse absent, and those never married.

Demographics (using PRIZM as a guide):

- ≤ $30,000 household income
- ≤ some college
- Living in the South or Northeast in areas with high rates of HIV/AIDS

The two PRIZM clusters that were used as a demographic guide include:

1.) Cluster # 47: Inner Cities
Concentrated in America's poorest neighborhoods in large eastern United States cities, these young, African-American single parents live in multi-unit rental complexes. High unemployment and public assistance are prevalent here. When work is available, they have service and blue-collar jobs. They have grade school and high school education levels.

2.) Cluster # 51: Southside City
The neighborhoods of cluster 51 are scattered throughout the Southeast, the smaller Mississippi delta cities, the Gulf Coast, and the Atlantic states. Over 80 percent of its households are African-American. Ranked 61st in median household income, their low cost of living and jobs in labor and service keep these families afloat.

Stakeholders:

Various stakeholders/partners will be important to the campaign. These will be further identified as campaign implementation is determined, but may include: state and local health departments; community-based organizations in campaign zip codes; clinics, physicians and other health care providers in campaign zip codes; city coordinators; national organizations that include HIV testing as a goal.

DESCRIPTION OF WORK:

Information provided here describes the tasks that follow. This description of work will discuss formative evaluation tasks first and evaluation tasks second.

FORMATIVE EVALUATION

Task 1: Formative evaluation to inform the campaign to make HIV testing a routine part of care.

(NOTE: CDC requires that the Contractor keep each task and subtask separate in the proposal narrative and budget).

For Task 1, the Evaluation Contractor shall provide the following deliverables:

Listening Groups/Individual Discussions
The purpose of this task will be test creative concepts, messages, and materials with primary care physicians (PCPs) to gain feedback on the viability, appeal and use of the materials. To do this, the Contractor shall conduct face-to-face interviews with 9 or less physicians and listening groups with less than 9 individuals per group in professional market formative evaluation facilities in up to 3 different cities, in 2 phases (for a total of 6 cities).

Since OMB Clearance will be needed for the formative evaluation activity for Tasks 1-4 and has not been approved upfront, the work specified in task 1 (in addition to tasks 2-4) will not commence until OMB Clearance is granted. CDC anticipates that OMB approval will be required for this formative evaluation activity (for Tasks 1-4). CDC anticipates using the CDC's Health Message Testing System (HMTS) for an expedited review process, since this work is needed urgently. Thus, the Contractor must have a successful track record in quickly producing quality OMB packages for formative evaluation activities similar to this work, especially in the CDC's HMTS, with proven experience for effectively addressing OMB questions and concerns in an expeditious manner.

To carry out this task, the Contractor shall conduct face-to-face listening groups with 9 or less individuals per participant type per group (please refer to tables for Task 1 for proposed breakdown of phases, groups, and interviews by participant type) in professional market formative evaluation facilities in 6 phases. The Contractor must

use professional market facilities with which it has established relationships and a proven track record for successfully recruiting specified participants, such as physicians. These groups and interviews must be moderated by professional facilitators with extensive experience in facilitating formative evaluation with physicians for healthcare-related projects.

In addition to listening groups, the Contractor shall conduct one-on-one interviews with physicians. (Please refer to Tables for Task 1 for specific numbers of interviews per phase). The Contractor shall also conduct nine interviews via phone with managers of managed care. These interviews will inform CDC about the managed care organizations' current practices related to HIV testing as part of routine care. These managers should be decision-makers about whether physicians are reimbursed for ordering HIV tests as part of routine care of their patients.

To complete this task, the Contractor shall develop screener tools and facilitator's discussion guides for each listening group and for interviews. Because each phase serves a different purpose, facilitator guides will be different by phase and participant type. The Contractor shall plan for at least one staff person (in addition to a facilitator) to be present at all activities to facilitate administrative details, take notes, and consult with CDC on changes that may need to be made in the guide or procedures. The Contractor will arrange for CDC and Creative Contractor representatives to observe, as desired. For budgeting purposes, the Contractor should plan for the formative evaluation to occur in cities of the same scale as Miami or New Orleans.

All listening groups and discussion interviews will be audio taped and a professional transcriber will produce verbatim transcripts. The facilitator for each group and interview will deliver top line reports 2 weeks following each city that summarize key perceptions from the formative evaluation activities. In addition, a debriefing will be held immediately following each city to capture the impressions and reactions of the moderator and observers.

The Contractor will ensure that the activities are conducted ethically, with informed consent and in accordance with CDC requirements. Informed consent will be obtained from participants both orally and via signed consent forms. Participants will receive a financial incentive in line with the market rate for participation.

To analyze the data, the Contractor will use a notes and transcript-based analysis process similar to that recommended by Krueger (1998). The Contractor will prepare a top line report that highlights findings for each city. A top line report will be submitted to CDC within 14 days of completion of the final group in each phase; a more detailed summary report will be submitted within 30 days after the completion of the sixth phase that discusses findings from all six phases. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts. The reports will include an introduction, a detailed description of methods employed, and comprehensive findings including participant quotes to illustrate key findings, and conclusions and recommendations. The facilitator guides, transcripts,

and top line reports will be included as appendices. The Contractor shall provide tapes of all research by November 15, 2005.

Task 1 Proposed formative evaluation design for Phase 1

Participant Type	City 1		City 2		City 3		Total LGs	Total Interviews
	Listening groups	Interviews	Listening groups	Interviews	Listening groups	Interviews		
PCPs	3	3	3	3	3	3	9	9
Managers of MCOs		3		3		3		9

Task 1 Proposed formative evaluation design for Phase 2

Participant Type	City 1		City 2		City 3		Total LGs	Total Interviews
	Listening groups	Interviews	Listening groups	Interviews	Listening groups	Interviews		
PCPs	3	3	3	3	3	3	9	9

Task 2: Formative evaluation to inform a social marketing campaign to make HIV testing a routine part of care targeting gynecologists.

For Task 2, the Evaluation Contractor shall provide the following deliverables:

Listening Groups/Individual Discussions
The purpose of this task will be to conduct exploratory formative evaluation and message testing in 3 cities with gynecologists who provide primary care to their patients. CDC requires participants to be board-certified gynecologists who provide primary care and preventive services as a part of their medical management of women in the private sector. CDC prefers membership to ACOG, though this is not a requirement to the recruitment plan.

To do this, the Contractor should refer to the work description in Task 1 for specifics about how CDC needs this work done and refer to the table below. While CDC requires that tasks 1 and 2 be kept separate by budget, CDC welcomes economies resulting from conducting the formative evaluation required for both tasks in the same facilities during the same dates.

Task 2 Proposed formative evaluation design Routine HIV Testing targeting Gynecologists (Phase I Exploratory)

Participant Type	City 1: Exploratory		City 2 Exploratory		City 3 Exploratory		L.G. total	Interviews total
	Listening groups	Interviews	Listening groups	Interviews	Listening groups	Interviews		
GYNs	3	3	3	3	3	3	9	9

Task 2 Proposed formative evaluation design Routine HIV Testing targeting Gynecologists (Phase II Message Testing)

Participant Type	City 1:		City 2		L.G. total	Interviews total
	Listening groups	Interviews	Listening groups	Interviews		
GYNs	3	3	3	3	6	6

Task 3: Formative evaluation for the Prevention Is Care campaign

The purpose of this task will be to test intervention tools/ materials with private sector primary care physicians and infectious disease specialists and educational materials for their patients (consumers). (Please refer to campaign-specific background information in earlier section for more specifics about campaign and previous formative evaluation findings).

The Contractor will carry out this formative evaluation in 2 phases, 3 cities in each phase and in the same manner described previously for Task 1; this task will expand upon work done in 2003-2004 by another contractor to assess primary care physician and patient responses to materials for this campaign. The suggested formative evaluation design for this task is in the table below.

Task 3 Proposed formative evaluation design for each of 2 Phases, with different facilitator guides per group

'articipant ype	City 1		City 2		City 3	
	Listeni ng groups	Intervie ws	Listening groups	Intervie ws	Listenin g groups	Interviews
'CPs	3	3	3	3	3	3
onsumers	3	3	3	3	3	3
Os	3	3	3	3	3	3

Task 4: Formative evaluation to inform the Perinatal HIV Transmission Prevention campaign.

For task 4, the Evaluation Contractor shall provide the following deliverables:

Listening Groups/Individual Discussions
The purpose of this task is to test obstetricians/gynecologists, midwives', and consumers' reactions to campaign materials. To do this, the Contractor should refer to the work description in Task 1 for specifics about how CDC needs this work done. While CDC requires that tasks 1, 2, 3 and 4 be kept separate by budget, CDC welcomes economies resulting from conducting the formative evaluation required for both tasks in the same facilities during the same dates.

As with prior formative evaluation tasks, this formative evaluation activity must be moderated by professional moderators with extensive experience in facilitating formative evaluation with physicians and, for the consumer groups, be moderated by moderators with extensive experience in facilitating formative evaluation with

consumers for health-related projects. Consumers for this research will be women between the ages of 18 to 35 years.

Task 4 Proposed formative evaluation design

'articipant ype	City 1 Materials Testing		City 2 Materials Testing		City 3 Final Materials Check		L.G. totals	Interview totals
	Listeni ng groups	Intervie ws	Listening groups	Intervie ws	Listenin g groups	Intervie ws		
)B's/GYN'	3	3	3	3	3	3	9	9
lidwives	3	3	3	3	3	3	9	9
:onsumers	3	3	3	3	3	3	9	9

CAMPAIGN EVALUATION

Task 5: Evaluation of the HIV Testing campaign

For Task 5, the Evaluation Contractor shall provide the following deliverables:

Needs Assessment
For this task, the Contractor will conduct a small-scale abbreviated needs assessment in potential campaign communities and plan and implement appropriate process and outcome evaluation activities to assess this social marketing campaign. The Contractor will explore potential campaign communities' infrastructure related to this campaign to determine potential partner organizations, to learn about existing efforts and potential challenges in the communities related to the campaign, and to assess the communities' receptiveness to campaign efforts.

Development of Evaluation Plan
The evaluation planning process will include working with CDC to develop and prioritize evaluation questions, measures, data collection and analysis activities, and to ensure that these evaluation measures and data sources are of the highest quality for CDC. The plan should include appropriate process and outcome evaluation activities to assess the effectiveness of the social marketing campaign. CDC conducted an evaluability assessment in 2004-2005, and will provide the Contractor, once awarded, with the report from this assessment and its recommendations for campaign evaluation. CDC appreciates evaluation plans that are both practical and meet CDC's needs for rigor. In addition, if the campaign evaluation will depend upon HIV reporting data from health departments or other organizations, CDC requires that the Contractor assess these potential data sources for the timeliness and quality of the data.

CDC values that the Contractor consider the use of existing evaluation instruments, such as the Behavioral and Risk Factor Surveillance System (BRFSS), and existing evaluation and surveillance systems that may be used for TICB's evaluation needs. (For example, the Program Evaluation and Formative evaluation Branch in NCHSTP is finalizing a new Program Evaluation Monitoring System for grantees to report their HIV-prevention activities to CDC). As part of this planning process, the Contractor will review previous reports generated from activities mentioned above, including an evaluability assessment to guide the plan. CDC requires that the Contractor update the logic model and explore the feasibility of promising data collection options, including existing surveillance systems and the timeliness and quality of the data that they provide. The plan should include information to validate the previously selected behavior change theory and logic model for this project. In addition, the Contractor shall provide a means for an expert campaign evaluation consultant to review evaluation plans and provide expert advice as the evaluation planning progresses.

Evaluation Plan Implementation
Upon clearance approval, the Contractor will implement all evaluation activities approved to evaluate the campaign. Monthly reports of activities related to this project will be required. A topline report that spans evaluation conducted during the entire project will be submitted to CDC within 14 days of completion of the final activity. A more detailed summary report will be submitted within 30 days of the final activity. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts. The reports will include an introduction, a detailed description of the plan, comprehensive activities completed and conclusions and recommendations. Any instruments should be included as appendices.

Assistance/Counsel on Distribution of Campaign Findings
As part of the campaign team, the Contractor will be included in key decision-making meetings. As such, the CDC may look to the Contractor to assist with reports, presentation, manuscripts, etc. that highlight activities or findings from the campaign. CDC may at times also request the counsel of the Contractor to review such materials or provide expertise and support.

Task 6: Evaluation of the Prevention Is Care campaign

For Task 6, the Evaluation Contractor shall provide the following deliverables:

Expand Evaluation Plan
The Contractor will expand upon the evaluation that was developed in early 2005 by another contractor (this plan is not yet completed). The CDC anticipates expanding the activities and materials as part of this campaign's implementation. It is anticipated that the evaluation plan currently under development will include multiple tracking measures to assess implementation of the campaign's conference exhibits, skills building sessions, and professional association newsletter and journal article placement.

CDC values that the Contractor consider the use of existing evaluation instruments and existing surveillance systems that may be used for TICB's evaluation needs. As part of this planning process, the Contractor will review previous reports related to this campaign, including the evaluation plan once it is available, and published literature about evaluation of similar campaigns to guide the plan. The plan should include recommendations for how to validate the selected behavior change theories and logic model for this campaign.

Evaluation Implementation
As part of the campaign team, the Contractor will be included in key decision-making meetings. Once the expanded evaluation plan is approved, the Contractor will prepare and submit any clearance packages as necessary related to this task (for CDC or HHS approval).

Upon clearance approval, the Contractor will implement all evaluation activities approved to evaluate the campaign. Monthly reports of activities related to this project will be required. A top line report that spans evaluation conducted during the entire project will be submitted to CDC within 14 days of completion of the final activity. A more detailed summary report will be submitted within 30 days of the final activity. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts. The reports will include an introduction, a detailed description of the plan, comprehensive activities completed and conclusions and recommendations. Any instruments should be included as appendices.

Task 7: Evaluation of the Perinatal HIV Transmission Prevention campaign
The Evaluation Contractor shall provide the following deliverables:

Expand Evaluation Plan
The Contractor will expand upon the evaluation that was developed in early 2005 by another contractor (this plan is not yet completed). CDC plans to expand the lifespan and scope of this campaign with additional materials and activities for outreach to the target audiences, and these additional materials and activities need to be included in the expanded evaluation. For example, new materials will be developed for

dissemination through professional healthcare organizations to obstetricians and midwives and for their patients. Thus, the CDC requires an evaluation to assess the current and additional campaign activities, including evaluation to assess the extent to which target audience members' awareness, attitudes, beliefs, and behaviors change in relation to conducting perinatal HIV tests and exposure to the campaign's messages. Additional evaluation activities could include surveys of physicians and midwives and case studies in two to three mid-size obstetrical practices with site visits, interviews, and chart reviews related to perinatal HIV testing practices. CDC requires that the Contractor explore existing data collection systems and surveys for use in evaluating this campaign and appreciates economies provided to the government.

In efforts to expand the evaluation, CDC values that the Contractor consider the use of existing evaluation instruments and existing surveillance systems that may be used for TICB's evaluation needs. As part of this planning process, the Contractor will review previous reports related to this campaign, including the evaluation plan once it's available, and published literature about evaluation of similar campaigns to guide the plan. The plan should include recommendations for how to validate the selected behavior change theory and logic model for this campaign.

Evaluation Implementation
As part of the campaign team, the Contractor will be included in key decision-making meetings. Once the expanded evaluation plan is approved, the Contractor will prepare and submit any clearance packages as necessary related to this task (for CDC or HHS approval).

Upon clearance approval, the Contractor will implement all evaluation activities approved to evaluate the campaign. Monthly reports of activities related to this project will be required. A top line report that spans evaluation conducted during the entire project will be submitted to CDC within 14 days of completion of the final activity. A more detailed summary report will be submitted within 30 days of the final activity. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts. The reports will include an introduction, a detailed description of the plan, comprehensive activities completed and conclusions and recommendations. Any instruments should be included as appendices.

Task 8: Evaluation of a social marketing campaign to make HIV testing a routine part of medical care by targeting healthcare providers

The Evaluation Contractor shall provide the following deliverables:

Development of Evaluation Plan
The Contractor will plan appropriate process and outcome evaluation activities to assess the effectiveness of this social marketing campaign. This planning process will include working with CDC to develop and prioritize evaluation questions, measures, and data collection and analysis activities. CDC appreciates evaluation plans that are both practical and meet CDC's needs for rigor.

CDC values that the Contractor consider the use of existing evaluation instruments and existing surveillance systems that may be used for TICB's evaluation needs. As part of this planning process, the Contractor will review previous reports related to this campaign and published literature about evaluation of similar campaigns to guide the plan. The plan should include information to validate the previously selected behavior change theory and logic model for this project.

As part of the campaign team, the Contractor will be included in key decision-making meetings. Once the evaluation plan is approved, the Contractor will prepare and submit any clearance packages as necessary related to this task (for CDC or HHS approval).

Upon clearance approval, the Contractor will implement all evaluation activities approved to evaluate the campaign. Monthly reports of activities related to this project will be required. A topline report that spans evaluation conducted during the entire project will be submitted to CDC within 14 days of completion of the final activity. A more detailed summary report will be submitted within 30 days of the final activity. The Contractor shall provide an electronic report and two bound copies of the final report to CDC within 30 days of receipt of revisions to the drafts. The reports will include an introduction, a detailed description of the plan, comprehensive activities completed and conclusions and recommendations. Any instruments should be included as appendices.

Items from CDC appropriate for preparation of proposals/task completion: CDC will provide information and reports, after contract award, relevant to the work outlined in this request for Task Order Proposal as available.

DELIVERABLES:

FORMATIVE EVALUATION

Tasks 1, 2, 3 and 4:
The Contractor will:

- Comply with OMB, IRB Procedures and Privacy Act Guidelines – Ongoing, as needed.

- Contractor will provide formative evaluation design for formative evaluation by 7/11/05.
- Contractor will provide recruitment screeners for formative evaluation by 7/18/05.
- Contractor will provide moderator guides for listening groups and interview discussions by 7/25/05.
- Contractor will provide formative evaluation facility information with suggested hotels (for city 1) by 7/25/05.
- Attend and conduct groups and interviews in cities from 8/15-10/15/05.
- Contractor will provide a debriefing with CDC staff immediately after each formative evaluation round per city concludes, with the last debriefing to occur no later than 10/30/05.
- Contractor will provide city-specific top line reports after conducting formative evaluation in each city (for no more than 4 cities for Task 1), with the last top line to be delivered to CDC no later than 10/30/05.
- Contractor will provide verbatim transcripts and audiotapes from formative evaluation by 11/15/05.
- Contractor will provide an overall summary report after conducting formative evaluation in all cities by 11/29/05.
- Contractor will complete up to 9 key informant interviews of health plan/ managed care administrators across different geographic regions and include these findings in the top line and summary reports as appropriate.

EVALUATION

Task 5 Deliverables: Evaluation of the HIV Testing Campaign.
The Contractor will:

- Comply with OMB, IRB Procedures and Privacy Act Guidelines – Ongoing, as needed.
- Attend campaign planning meetings, as necessary (at least three in Atlanta) ongoing through end of contract.
- Review previous formative evaluation reports, including the evaluability assessment, proposed logic model and key stakeholder report by 7/1/05.
- Update the campaign logic model by 7/15/05.
- Submit a needs assessment plan by 8/1/05.
- Submit a needs assessment interview guide by 8/15/05.
- Conduct abbreviated needs assessment in no more than 5 potential campaign cities by 9/30/05.

- Recommend no more than 3 potential campaign evaluators to provide review and input on evaluation plans by 7/20/05.
- Provide a means for 1 external campaign evaluator to provide review and input on evaluation plans by 8/1/05.
- Develop a process and outcome evaluation plan based on information provided specifying evaluation questions, data to be collected and by what means, and how the data will be analyzed by 9/1/05.
- Prepare and submit any necessary clearance packages for data collection methods that require them (i.e., human subjects, office of management and budget, and/or privacy act clearance) by 10/1/05.
- Implement baseline evaluation (once clearance provided, if needed) by 1/30/06
- Implement process evaluation throughout the campaign and provide monthly updates from 1/30/06 through 1/30/07.
- Produce a draft report of the findings by 3/30/07.
- Produce a final report of the evaluation findings by 4/30/07.
- Provide final data set, in the format used for the data analysis program, and compatible with CDC software, by 5/20/07.

Task 6 Deliverables: Evaluation of the Prevention Is Care campaign
The Contractor will:

- Comply with OMB, IRB Procedures and Privacy Act Guidelines – Ongoing, as needed.
- Continue process and outcome evaluation (once clearance provided, if needed) and provide monthly updates from when the contract is awarded through end of contract 9/30/07.
- Produce a draft annual top line report of the findings by 8/06 and 8/07.
- Produce a final report of the evaluation findings by 8/07.
- Provide final data set, in the format used for the data analysis program, and compatible with CDC software, by 4/07.

Task 7 Deliverables: Evaluation of the Perinatal HIV Transmission Prevention Campaign
The Contractor will:

- Comply with OMB, IRB Procedures and Privacy Act Guidelines – Ongoing, as needed.
- Implement evaluation beginning on 7/01/05.
- Continue evaluation activities throughout the campaign and provide monthly updates from 8/01/05 until 5/30/07
- Produce a draft annual topline report of the findings by 6/06 and 5/07
- Produce a final report of the evaluation findings by 7/07.
- Provide final data set, in the format used for the data analysis program, and compatible with CDC software, by 7/07.

Task 8 Deliverables: Evaluation of a social marketing campaign to make HIV testing a routine part of medical care
The Contractor will:

- Comply with OMB, IRB Procedures and Privacy Act Guidelines – Ongoing, as needed.
- Attend campaign planning meetings, as necessary through end of contract.
- Review literature of similar campaign evaluations by 11/1/05.
- Develop a campaign logic model by 2/2/06.
- Develop a process and outcome evaluation plan based on information provided specifying evaluation questions, data to be collected and by what means, and how the data will be analyzed by 2/2/06.
- Prepare and submit any necessary clearance packages for data collection methods that require them (i.e., human subjects, office of management and budget, and/or privacy act clearance) by 3/06.
- Implement baseline evaluation (once clearance provided, if needed) by 8/06.
- Implement process evaluation throughout the campaign and provide monthly updates from contract award date through 9/30/07.
- Produce a draft top line report of the findings by 7/07.
- Produce a final summary report of the evaluation findings by 8/07.
- Provide final data set, in the format used for the data analysis program, and compatible with CDC software, by 9/07.

PERIOD OF PERFORMANCE:
Work must be completed September 30, 2006.

SPECIAL CLEARANCES:
Check all that apply:
__X OMB
___ Human Subjects
___ Privacy Act

Production Clearances:
___ 524 (concept)
___ 524a (audiovisual)
___ 615 (printing)

The Government will obtain necessary Departmental clearances and approvals for all materials. The Contractor will submit all materials for approval by the Technical Monitor prior to final production and use.

G. EVALUATION FACTORS

EVALUATION CRITERIA:

This task order will be awarded to the offeror whose proposal is considered to be the most advantageous to the government, technical approach, staffing and management, and cost considered, with equal importance for each (see below). The Government will not make an award at a significantly higher overall cost to the Government to achieve only slightly superior performance.

Technical Evaluation: The criteria that will be used to evaluate the proposals are described below.

Criteria	**Points for Criteria**
Technical Approach	33.3
Similar Experience	33.3
Cost evaluation	33.3

Technical Approach:
Contractors are to provide a discussion of their technical approach and expert recommendations for providing the services required for this task order. This criterion will be evaluated according to the soundness, practicality, innovativeness, and feasibility of the contractor's technical approach and recommendations for providing the services required for this task order.

Similar Experience:
Contractors are to indicate proven experience of assigned staff that is similar in complexity, size, and type of work to the anticipated project. This will include a proven track record of successfully conducting formative evaluation with physicians, for effectively evaluating social marketing campaigns, and for expeditiously producing quality OMB packages for formative and outcome evaluation activities for social marketing campaigns.

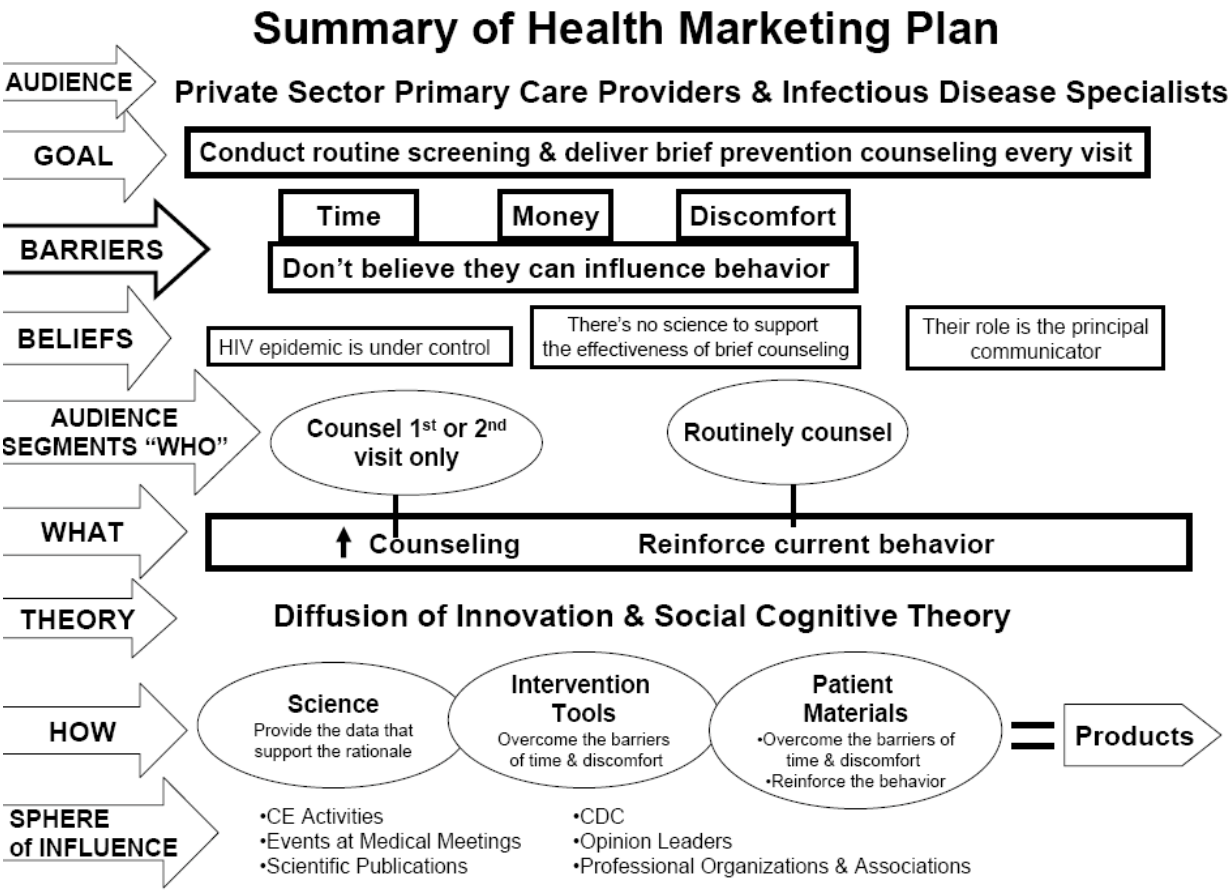
Cost Evaluation:
A cost analysis of the cost proposal will be conducted to determine the reasonableness of the proposal.

Proposed Technical Monitor:
Jami Fraze, PhD, MS E-49, NCHSTP, jnf0@cdc.gov, 404-639-3371

Project Officer: Brittney Spilker, 770-488-2469

APPENDIX A

COMMUNICATION FINDINGS THAT INFORMED DEVELOPMENT OF THE PREVENTION IS CARE CAMPAIGN



[a] CDC. HIV/AIDS among U.S. women: minority and young women at continuing risk, 2003.
[b] US Bureau of the Census, 2000.